12-0 PART B - FEE(S) TRANSMITT

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L	APPLN. I TPE	SMALL ENTITY	1330E FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL PEE(S) DOE	DATE DUE	
:	nonprovisional	YES	\$700	\$300	\$0	\$1000	07/18/2007	
ŗ	EXAM	INER	ART UNIT	CLASS-SUBCLASS]			
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Ti C	FR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind	nge of correspondence address or indication of "Fee Address" (37 .363). Change of correspondence address (or Change of Correspondence dress form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form D/SB/47; Rev 03-02 or more recent) attached. Use of a Customer		 For printing on the patent front page, list the names of up to 3 registered patent attorneys or agents OR, alternatively, the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 		cra 2/NDIANO	1E.VICTOR INDIANO 2INDIANO VAUGHAN LL 3	
3	ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or ty	oc)			

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King Systems Coepounton

Publication Fee (No small entity discount permitted)

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Noblesulle, IN USA

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b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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HE UNITED STATES PATENT AND TRADEMARK OFFICE

E. Victor Indiano, Esq. 1 North Pennsylvania Street, Suite 1300 Indianapolis, Indiana 46204

PHONE: 317-822-0033 FAX: 317-822-0055

e-mail Vic@IPLawIndiana.com

In re Application of:

Applicant:

Moenning et al.

Invention

DENTAL ANESTHESIA

ADMINISTRATION MASK AND EYE

SHIELD

Serial No.:

10/647,991

Filing Date:

26 August 2003

Examiner: Art Unit:

Ali, Shumaya B

Dealest No.

3771

Docket No.:

7432-0046

Box Issue Fee

The Commissioner for Patents Alexandria, VA 22313-1450

Date:

CUSTOMER NUMBER: 000031423

Certificate of Express Mailing Under 1.10

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11 June 2007

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Deposit Account No. 50-1590

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Respectfully submitted,

E. Victor Indiano, No. 30,143